PT0/88/08 (12-04) Approved for use through 7/31/2008, OMB 0851-0032 U.S. Patent and Tradomerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a walld OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD **Application or Docket Numb** Substitute for Form PTO-875 939848 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR SMALL ENTITY (Coturno 2) ·· FOR NUMBER FILED NUMBER EXTRA RATE (1) RATE (1) FEE (II) FEE (\$) 97 OFR 1.10(s), (b), or (c)) 8EAROH FEE (87 OFR 1.1864, (), or (m)) EXAMINATION FEE (ST OFR L M(s), (p), or (co) TOTAL CLAIMS (97. OFR 1.16(I)) antrus 20 🖃 F, * OR MOEPENDENT CLAIMS (37 CFR 1.16(N)) ·x x tf the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 687 CFR 1.16(a)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAIM PRESENT (57 CFR 1.16(I)) ٠. ullet if the difference in column 1 is less than zero, enfor ullet in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS REMAINING PRESENT NUMBER RATE (\$) ADDL RATE (\$) AFTER ADOI-EXTRA TIONAL FEE (\$) PAID FOR GNDWGN Total (3) OFR 1, top) FEE (8) 24 <u>× 25'</u> 26 50° OR ×100 = × 2000. flon Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(3) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR · (Column 1) (Column 2) (Column 8) CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-TIONAL RATE (\$) ADDI-AFTER EXTRA TIONAL ENDMENT PAID FOR FEE (1) FEE (I) Total profit Lieux 26 OR Minus OF OR LA Application Size Fee (37 OFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 OFR 4.140)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentifiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you exquire to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.